# U.S. Department of Labor Employment Standards Administration Office of Labor-Management Standards Standards Washington, DC 20210 U.S. Department of Labor Employment Standards FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUCTERS WITH TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUCTERS WITH TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUCTERS WITH TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUCTERS WITH TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNUAL RECEIPTS WITH \$200,000 OR MORE IN TOTAL ANNUAL RECEIPTS WITH \$200,000 OR MORE IN TOTAL AND PROPERTY WITH \$200,000 OR M

TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP

Form Approved Office of Management and Budget No. 1215-0188 Expires: 07-31-2004

This report is mandatory under D.1. 96.257, as amended. Eathurs to comply may result in criminal prospection, fines, or civil panalties as provided by 2011 S.C. 439 or 440.

|   | TIONS CAREFULLY BEFORE PREPARING THIS REPORT.  |
|---|--|
|   | OD COVERED 3. (a) AMENDED — If this is an amended report correcting a previously   |
| E From  | (c) SUBSIDIARY — If this is a report for a subsidiary organization of  |
| - Mai   | 8. MAILING ADDRESS   |
|   | First Name   |
|   | HENRY  |
|   | Last Name  |
|   | TAMARIN  |
|   | P.O. Box · Building and Room Number (if any)   |
|   | SUITE 420  |
| 4. AFFILIATION OR ORGANIZATION NAME   | Number and Street  |
| HOTEL EMPL, RESTAURANT EMPL AFL-CIO  5. DESIGNATION (Local, Lodge, etc.)  [6. DESIGNATION NUMBER  [7. DESIGNATION NUMBER  [8. | 55 WEST VAN BUREN STREET   |
| LU 1  | City   |
| 7. UNIT NAME (if any)   | CHICAGO  |
| 9 Are your organization's records kept at its mailing address?     (If "No," provide address in Item 75.)  No. "Yes X No"   | State ZIP Code + 4    L 6 0 6 0 5 -  |
| 75 ADDITIONAL INFORMATION   |  |
| item Number   |  |
| 76. Cues Comment PRE  | under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any indersigned's knowledge and belief, true parrect, and complete. (See Section VI on penalties in the instructions.)  TREASURER  TREASURER |
| (If o   | ther title, instructions.)  77. SIGNED: Have Lewis TREASURER  (If other title, see instructions.)  Date Telephone Number   |

| During the Reporting Period Did Your Organization:  |      |                         | 18. How many members did your organization have at the end of the 1 4 2 1 7   |
|---|------|-------------------------|---|
| Have a "subsidiary organization" as defined in Section X of the instructions?   |      | No<br>X                 | reporting period?   |
|   | ا ا  |                         | 19. What is the date of your organization's next regular election of officers?  MO YEAR  0 6 2 0 0 4                              |
| Create or participate in the administration of a trust or other fund or organization, as defined                        |      |                         | 20. What is the maximum amount recoverable  |
| in the instructions, which provides benefits for members or their beneficiaries?  |      | X                       | under your organization's fidelity bond for a loss caused by any officer or employee of your organization?  5 0 0 0 0             |
| 12. Have a political action committee (PAC) fund?   |      | X                       | 21 What are your organization's rates of dues and fees? (Enter a minimum and maximum if more than one rate                        |
|   |      |                         | applies for any line.)  Rates of Dues and Fees  |
| Acquire or dispose of any goods or property in any manner other than by purchase or sale?                               |      | X                       | (a) Regular Dues/Fees \$ 18.80-31.35 per MONTH  |
| 14. Have an audit or review of its books and records  |      |                         | (Month, Year, etc.)  (b) Initiation Fees  |
| by an outside accountant or by a parent body auditor/representative?  | X    |                         | (c) Transfer Fees \$  |
| 15. Discover any loss or shortage of funds or   |      | _                       | (d) Work Permits \$ 24.00 per MONTH   |
| other property?  (Answer "Yes" even if there has been repayment   |      | X                       | (Month, Year, etc.)   |
| or recovery.)   |      |                         | 22. During the reporting period, did your organization have any changes in its constitution and bylaws  Yes No                    |
| 16. Have any officer who was paid \$10,000 or more  |      |                         | (other than rates of dues and fees) or in practices/ procedures listed in the instructions?                                       |
| by your organization and also received \$10,000 or more as an officer or employee of another labor                      |      | <u>,</u>                | (If the constitution and bylaws or practices/ procedures have changed, see the instructions.)                                     |
| organization or of an employee benefit plan?  | LJ į | $X \mid$                | 22 More any of your organization's people pladged   |
| 17. Liquidate or reduce any liabilities without disbursement of cash?   |      | $\overline{\mathbf{X}}$ | 23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? |
|   |      |                         | 24. Did your organization have any contingent liabilities at the end of the reporting period?                                     |
| (If the answer to any of the above questions is "Yes," print in Item 75 as explained in the instructions for each item. |      | ails                    | (If the answer to Item 23 or 24 is "Yes," provide details in Item 75.)  |

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#### Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only -- Do Not Enter Cents

|             | ASSETS<br>Item                        | From<br>SCH<br># | Start of Reporting<br>Period<br>(A) | End of Reporting<br>Period<br>(B) |
|-------------|---------------------------------------|------------------|-------------------------------------|-----------------------------------|
|             | 25. Cash                              |                  | 6 3 4 0 1 1                         | 4 4 4 7 1 5                       |
|             | 26. Accounts Receivable               |                  | 0                                   | 0                                 |
| ETS         | 27. Loans Receivable                  | 1                | 0                                   | 0                                 |
| ASSETS      | 28. U.S. Treasury Securities          |                  | 0                                   | 0                                 |
|             | 29. Investments                       | 2                | 1 0 0                               | 1 0 0                             |
|             | 30. Fixed Assets                      | 5                | 5 0 4 2 1                           | 7 3 3 5 7                         |
|             | 31. Other Assets                      | 3                | 0                                   | 2 4 0 0                           |
|             | 32. TOTAL ASSETS                      |                  | 6 8 4 5 3 2                         | 5 2 0 5 7 2                       |
|             | LIABII ITIES                          | From<br>SCH<br># | Start of Reporting Period (C)       | End of Reporting<br>Period<br>(D) |
|             | 33. Accounts Payable                  |                  | 0                                   | 0                                 |
| JES         | 34. Loans Payable                     | 8                | 8 5 7 8 0 0                         | 7 7 5 3 0 0                       |
| LIABILITIES | 35. Mortgages Payable                 |                  | 0                                   | 0                                 |
| ПΑ          | 36. Other Liabilities                 | 4                | 0                                   | 8 7 5                             |
|             | 37. TOTAL LIABILITIES                 |                  | 8 5 7 8 0 0                         | 7 7 6 1 7 5                       |
|             | 38. NET ASSETS (Item 32 less Item 37) |                  | - 1 7 3 2 6 8                       | - 2 5 5 6 0 3                     |
| İ           | l l                                   | 1 }              |                                     |                                   |

#### Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only - Do Not Enter Cents

| CASH RECEIPTS  | From<br>SCH<br># | AMOUNT        | CASH DISBURSEMENTS                                   | From<br>SCH<br># | AMOUNT        |
|--|------------------|---------------|--|------------------|---------------|
| 39. Dues   |                  | 4 3 4 4 2 8 7 | 56. To Officers                                      | 9                | 1 1 7 4 8 4   |
| 40. Per Capita Tax                                     |                  | 0             | 57. To Employees                                     | 10               | 4 4 5 2 5 5   |
| 41. Fees   |                  | 0             | 58. Per Capita Tax                                   |                  | 2 1 7 7 0 8 5 |
| 42. Fines  |                  | 0             | 59 Fees, Fines, Assessments, etc                     |                  | 0             |
| 43. Assessments  |                  | 0             | 60. Office & Administrative Expense                  | 13               | 821088        |
| 44. Work Permits                                       |                  | 0             | 61. Educational & Publicity Expense                  |                  | 4 4 6 0 0     |
| 45. Sale of Supplies                                   |                  | 0             | 62. Professional Fees                                |                  | 3 1 1 2 8 0   |
| 46. Interest   |                  | 7 2 2 7       | 63. Benefits   | 11               | 2 2 7 5 6 0   |
| 47. Dividends  |                  | 0             | 64. Contributions, Gifts & Grants                    | 12               | 2 1 8 9 6     |
| 48. Rents  |                  | 0             | 65. Supplies for Resale                              |                  | 0             |
| 49 Sale of Investments &<br>I ixed Assets              | 6                | 0             | 66 Direct Taxes.                                     |                  | 6 3 3 4 7     |
| 50 Loans Obtained                                      | ă                | 0             | 67. Wilinholding Taxes                               |                  | 1 5 6 3 1 9   |
| 51. Repayments of Loans Made                           | 1                | 0             | 68. Purchase of Investments & Fixed Assets           | 7                | 4 2 4 9 1     |
| 52. On Behalf of Affiliates for<br>Transmittal to Them |                  | 0             | 69. Loans Made                                       | 1                | 0             |
| 53. From Members for<br>Disbursement on Their Behalf   |                  | 0             | 70. Repayment of Loans Obtained                      | 8                | 8 2 5 0 0     |
| 54. Other Receipts                                     | 14               | 2 8 8 4 7     | 71. To Affiliates of Funds Collected on Their Behalf |                  | 0             |
|  |                  |               | 72. On Behalf of Individual Members                  |                  | 0             |
|  |                  |               | 73. Other Disbursements                              | 15               | 5 8 7 5 2     |
| 55. TOTAL RECEIPTS                                     |                  | 4 3 8 0 3 6 1 | 74. TOTAL DISBURSEMENTS                              |                  | 4 5 6 9 6 5 7 |

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#### Enter Amounts in Dollars Only -- Do Not Enter Cents

## **SCHEDULE 1 – LOANS RECEIVABLE**

| List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to | Loans                                    |                                    | Repayments Receiv | Loans                     |  |
|--|--|------------------------------------|-------------------|---------------------------|--|
| business enterprises regardless of amount.  (A)  | Outstanding at<br>Start of Period<br>(B) | Loans Made<br>During Period<br>(C) | Cash<br>(D)(1)    | Other Than Cash<br>(D)(2) | Outstanding at<br>End of Period<br>(E) |
| 1.   |  |                                    |                   |                           |  |
|  |  |                                    |                   |                           |  |
| 2.   |  |                                    |                   |                           |  |
|  |  |                                    |                   |                           |  |
|  |  |                                    |                   |                           |  |
| 3.   |  |                                    |                   |                           |  |
|  |  |                                    |                   |                           |  |
| 4. Totals from additional pages (if any)   |  |                                    |                   |                           |  |
| 5. Totals of loans not listed above  | 0  | 0                                  | 0                 | 0                         | 0                                      |
| 6. Totals of Lines 1 through 5   | 0  | 0                                  | 0                 | 0                         | 0                                      |
| The totals from Line 6 are entered in  | Item 27                                  | Item 69                            | Item 51           | ltem 75with Explanation   | Item 27<br>Column (B)                  |
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## **SCHEDULE 2 - INVESTMENTS** (OTHER THAN U.S. TREASURY SECURITIES)

FILE NUMBER: 5 1 4 - 6 4 4

## **SCHEDULE 3 - OTHER ASSETS**

| Description<br>(A)   | Amount<br>(B)       | Description (A)                         | Book Value<br>(B)                 |
|--|---------------------|---|-----------------------------------|
| Marketable Securities  |                     | 1. SECURITY DEPOSITS                    | 2 4 0 0                           |
| 1. Total Cost  | 100                 | 2.                                      | }                                 |
| 2. Total Book Value  | 1 0 0               | 3.                                      |                                   |
| 3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.  |                     | 4.                                      |                                   |
| (a) None   | 0                   | 5.                                      |                                   |
| (b)  |                     | 6. Total from additional pages (if any) |                                   |
| (c)  |                     | 7. Total of Lines 1 through 6           | 2 4 0 0                           |
| (d)  |                     | The total from Line 7 is entered in     | Item 31, Column (B)               |
| Other investments 4. Total Cost  | 0                   | SCHEDULE 4 - OTHER                      | LIABILITIES                       |
| 5. Total Book Value  | 0                   | Description<br>(A)                      | Amount at<br>End of Period<br>(B) |
| List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached. |                     | 1. STAFF UNION DUES WITHHELD            | 8 7 5                             |
| (a) None   | 0                   |   |                                   |
| (b)  |                     | 3.                                      |                                   |
| (c)  |                     | 5.                                      |                                   |
| (d)  |                     |   |                                   |
| (e) Total from additional pages (if any)   |                     | 6. Total from additional pages (if any) |                                   |
| 7. Total of Lines 2 and 5  | 1 0 0               | 7. Total of Lines 1 through 6           | 8 7 5                             |
| The total from Line 7 is entered in  | Item 29, Column (B) | The total from Line 7 is entered in     | Item 36, Column (D)               |
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# + SCHEDULE 5 - FIXED ASSETS

FILE NUMBER: 5 1 4 - 6 4 4

| Cost or<br>Other Basis<br>(B) | Total Depreciation or Amount Expensed (C) | Book<br>Value<br>(D)   | Fair Market<br>Value<br>(E)  |
|-------------------------------|---|--|--|
| 0                             |   | 0  | 0  |
|                               |   |  |  |
| 0                             | 0   | 0  | 0  |
|                               |   |  |  |
| 0                             | 0   | 0  | 0  |
| 161595                        | 103779                                    | 5 7 8 1 6  | 0  |
| 97461                         | 8 1 9 2 0                                 | 1 5 5 4 1  | 0  |
| 259056                        | 185699                                    | 7 3 3 5 7  | 0  |
|                               | Other Basis (B)  0  1 6 1 5 9 5 9 7 4 6 1 | Other Basis (B)  O  O  O  O  O  O  161595 103779 97461 81920 | Other Basis<br>(B)     Amount Expensed<br>(C)     Value<br>(D)       0     0       0     0       0     0       161595     103779       57816       97461     81920       15541 |

## SCHEDULE 6 - SALE OF INVESTMENTS AND FIXED ASSETS

| Description <i>(if land or buildings, give location)</i> (A) | Cost<br>(B)           | Book Value<br>(C) | Gross Sales Price<br>(D) | Amount Received (E) |  |  |  |
|--|-----------------------|-------------------|--------------------------|---------------------|--|--|--|
| None   | 0                     | 0                 | 0                        | 0                   |  |  |  |
| 2.   |                       |                   |                          |                     |  |  |  |
| 3.   |                       |                   |                          |                     |  |  |  |
| 4.   |                       |                   |                          |                     |  |  |  |
| Totals from additional pages (if any)                        |                       |                   |                          |                     |  |  |  |
| 6. Totals of Lines 1 through 5                               | 0                     | 0                 | 0                        | 0                   |  |  |  |
|  | 7. Less Reinvestments |                   |                          | 0                   |  |  |  |
|  | 8. Net Sales          |                   |                          | 0                   |  |  |  |
| The total from Line 8 is entered in                          |                       |                   | ltem 4                   | 19                  |  |  |  |

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## SCHEDULE 7 - PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 5 1 4 - 6 4 4

| Description <i>(if land or buildings, give location)</i> (A) | Cost<br>(B)           | Book Value<br>(C) | Cash Paid<br>(D) |  |  |  |
|--|-----------------------|-------------------|------------------|--|--|--|
| 1. COMPUTERS   | 7467                  | 7 4 6 7           | 7467             |  |  |  |
| 2. VIDEO EQUIPMENT   | 2832                  | 2832              | 2832             |  |  |  |
| OFFICE FURNITURE   | 32192                 | 32192             | 32192            |  |  |  |
| 4.   |                       |                   |                  |  |  |  |
| 5. Totals from additional pages (if any)                     |                       |                   |                  |  |  |  |
| 5. Totals of Lines 1 through 5                               | 42491                 | 42491             | 42491            |  |  |  |
|  | 7. Less Reinvestments |                   | 0                |  |  |  |
|  | 8. Net Purchases      |                   | 4 2 4 9 1        |  |  |  |

#### **SCHEDULE 8 -- LOANS PAYABLE**

| Course of Louis Bounds at Aus                                       | 1 0 1                             | 4 014 1                                |   |        |               |          | _ |   | _                         |   |                                       |     |       |     |  |
|---|-----------------------------------|--|---|--------|---------------|----------|---|---|---------------------------|---|---------------------------------------|-----|-------|-----|--|
| Source of Loans Payable at Any Time During the Reporting Period (A) | Loans Owed at Start of Period (B) | Loans Obtained<br>During Period<br>(C) |   |        | Cash<br>D)(1) |          |   |   | Other Than Cash<br>(D)(2) |   | Loans Owed at<br>End of Period<br>(E) |     |       |     |  |
| H.E.R.E. INTERNATIONAL UNION  | 8 5 7 8 0 0                       |  | 0 | 8      | 2             | 5        | 0 | 0 |                           | 0 | 7                                     | 7 5 | 5 3   | 0   |  |
| 2   |                                   |  |   |        |               |          |   |   |                           |   |                                       |     |       |     |  |
| 3.  |                                   |  |   |        |               |          |   |   |                           | _ |                                       |     | ·     |     |  |
| 4.  |                                   | ••••••••••••••••••••••••               |   |        |               | <b>,</b> |   |   |                           |   |                                       | ·   |       |     |  |
| 5. Totals from additional pages (if any)                            |                                   |  |   |        |               |          |   |   |                           |   |                                       |     |       |     |  |
| 5. Totals of Lines 1 through 5                                      | 8 5 7 8 0 0                       |  | 0 | 8      | 2             | 5        | 0 | 0 |                           | 0 | 7                                     | 7 5 | 5 3   | 3 0 |  |
| The total from Line 6 is entered in                                 | ltern 34                          | Item 50                                |   | Item 7 | 'O            | ,,,,,,,  |   |   | Item 75with Explanation   |   | Item 34                               | 4   | ın (D |     |  |

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## SCHEDULE 9 - ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 5 1 4 - 6 4 4

| Status (C)* | (before tax<br>other dedu | xes a   | nd  | Allowances<br>(E)   | for C<br>Bus            | offic<br>ines | ial   | Other<br>Disbursements<br>(G) |                 |            |  |   | ļ  |                  |
|-------------|---------------------------|---|---|---------------------|-------------------------|---------------|---|-------------------------------|-----------------|------------|--|---|--|------------------|
| С           |                           |   | 0   | 0                   | 5                       | 3             | 8 5   | (                             | <del> </del>    |            |  | 5 3   | 3  | 8 5              |
| С           | 5 4                       | 1 2   | 2   | 0                   | 6                       | 2             | 1 5   | C                             | ,               |            | 6  | 0 3   | 3  | <br>3 7          |
| C           |                           |   | 0   | 0                   | 6                       | 5             | 9 6   | C                             | 1               |            |  | 6 5   | ——<br>5 :                                  | 9 €              |
| Р           | 1 8                       | 1 9   | 7   | 0                   | 2                       | 2             | 5 7   | C                             | 1               |            | 2  | 0 4   | <b>1</b> !                                 | —-<br>5 4        |
| P           |                           |   | 0   | 0                   |                         |               | 0   | C                             |                 |            |  |   |  | 0                |
| P           | •                         |   | 0   | 0                   |                         |               | 0   | c                             |                 | vi di      |  |   |  | 0                |
| С           | 5 7                       | 3 0   | 2   | 0                   | 1                       | 8             | 9 2   | 0                             |                 | !          | 5 5  | 9 1   | L s  | 94               |
|             |                           |   |   | 1 1 3 2             |                         |               |   |                               | +-              |            |  |   |  |                  |
|             | 1 3 0                     | 3 2   | 2 6   | 7132                |                         |               | -   |                               | <u>_</u>        |            |  |   |  | 7                |
|             |                           |   | iter  | n 56                | 11 Net [                | )ish          | urseme  | nts 1                         | 1               | - <u>-</u> |  | <br>1   | =<br>8                                     | 4                |
|             | C C C P P C C             | C (before tax other deday (C)*  C 5 4  C 1 8  P  P  T  T  T  T  T  T  T  T  T  T  T | (before taxes a other deduction (D)  C  5 4 1 2  C  C  1 8 1 9  P  P  5 7 3 0  C  1 3 0 3 2 | Status (C)* (D) 0 C | Status other deductions | Status        | (before taxes and other deductions) (C)*  (D)  (D)  Allowances (E)  (F)  C  C  Allowances (E)  (F)  C  C  Allowances (E)  C  C  C  C  C  C  C  C  C  C  C  C  C | Status                        | Status   CD   C | Status     | Status (C)*   CO   CO   CO   CO   CO   CO   CO   C | Status   Chefore taxes and other deductions   Chefore taxes and other deductions | Status (before taxes and other deductions) | Status (C)*   Co |

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your organization's constitution and bylaws, explain in Item 75.)

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SCHEDULE 10 - DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 5 1 4 - 6 4 4

| (A) Name (List all employees who received more from your organization and any affiliate (B) Position (Enter employee's job title.)  (C) Name of Affiliated Organization (if |  | (before other d | tax | ces<br>ictio | and | Allowances<br>(E) |     | Disbursements<br>for Official<br>Business<br>(F) | Other<br>Disbursements<br>(G) |     |   | Гota<br>(H) |   |           |
|---|--|-----------------|-----|--------------|-----|-------------------|-----|--|-------------------------------|-----|---|-------------|---|-----------|
| CASTILLO  1. ORGANIZER  | ANGEL                                    | 3               | 3   | 1            | 4 0 | 0                 |     | 1993   | 0                             |     | 3 | 5           | 1 | 3 3       |
| FAUKE  2. RESEARCHER  | CLARE                                    | 3               | 2   | 5            | 1 5 | 0                 |     | 1378   | 0                             |     | 3 | 3           | 8 | 9 3       |
| FLORIAN  3. OFFICE STAFF  | KARLA                                    | 2               | 2   | 1            | 7 4 | 0                 |     | 0  | 0                             |     | 2 | 2           | 1 | 7 4       |
| HARDY  4. ORGANIZER   | CAROLYN                                  | 3               | 3   | 0 :          | 2 5 | 0                 |     | 7 4 2 5  | 0                             |     | 4 | 0           | 4 | 5 0       |
| HERNANDEZ  5. OFFICE  | MAT                                      | 1               | 9   | 9 (          | 8 3 | <br>0             |     | 0  | 0                             |     | 4 | ŷ :         | 9 | —-<br>8 3 |
| Totals from additional pages (if any)      Totals for all employees who, during the reportin \$10,000 or less in total disbursements from you any affiliates                | g period, received<br>r organization and | 3 8             |     |              | 0 1 | 0                 |     | 2 2 5 7 9  | 0                             |     | 4 |             |   | 80        |
| 8. Totals of Lines 1 through 7  |  | 5 3             | 1   | 3            | 9 1 | 0                 |     | 3 3 4 6 6<br>Less Deductions                     | 0                             | 1 ! |   | 6 4<br>6    |   | 2         |
| The total from Line 10 is entered in  |  |                 |     |              | [te | n 57              | 10. | Net Disbursement                                 | ts 4                          | 4   | 5 | 2           |   | 5         |

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## SCHEDULE 11 - BENEFITS

FILE NUMBER: 5 1 4 - 6 4 4

| Description (A)                         | To Whom Paid<br>(B) | Amou<br>(C) |      |   |   |   |   |
|---|---------------------|-------------|------|---|---|---|---|
| 1. H.E.R.E. LOCAL NO. 1 PENSION         | TRUST FUND          |             | 3    | 3 | 5 | 9 | 5 |
| 2. INTERNATIONAL PENSION                | TRUST FUND          |             | 7    | 2 | 8 | 1 | 7 |
| 3. INTERNATIONAL HEALTH & WELFARE       | TRUST FUND          |             | 8    | 7 | 8 | 6 | 8 |
| 4. DEATH BENEFITS                       | BENEFICIARY         |             |      | 1 | 2 | 0 | 0 |
| 5. Total from additional pages (if any) |                     |             | 3    | 2 | 0 | 8 | 0 |
| 6. Total of Lines 1 through 5           |                     | 2           | 2    | 7 | 5 | 6 | 0 |
| The total from Line 6 is entered in     |                     | Iten        | า 63 | 3 |   |   |   |

## **SCHEDULE 12 -CONTRIBUTIONS, GIFTS & GRANTS**

| Description<br>(A)                      | Amoun<br>(B) | t |   |   |
|---|--------------|---|---|---|
| 1. CHARITY                              | 5            | 3 | 2 | 5 |
| 2. LABOR                                | 9            | 3 | 5 | 8 |
| 3 CIVIC                                 | 6            | 6 | 0 | 0 |
| 4. FLOWERS & GIFTS                      |              | 6 | 1 | 3 |
| 5.                                      |              |   |   |   |
| 6.                                      |              |   |   |   |
| 7. Total from additional pages (if any) |              |   |   |   |
| 8. Total of Lines 1 through 7           | 2 1          | 8 | 9 | 6 |
| The total from Line 8 is entered in     | Item 64      |   |   |   |
| orm LM-2 (Revised 2000)                 |              |   |   |   |

#### SCHEDULE 13 -**OFFICE & ADMINISTRATIVE EXPENSE**

| Description (A)                             | Amount<br>(B) |   |   |   |   |   |   |  |  |
|---|---------------|---|---|---|---|---|---|--|--|
| 1. TELEPHONE                                |               |   | 6 | 0 | 2 | 1 | 4 |  |  |
| 2. RENT & ELECTRIC                          |               | 1 | 2 | 7 | 8 | 4 | 6 |  |  |
| 3. AUTO EXPENSE                             |               |   | 1 | 4 | 6 | 8 | 2 |  |  |
| 4. MEETINGS & CONFERENCES                   |               |   | 5 | 4 | 3 | 6 | 1 |  |  |
| 5. TRAVEL                                   |               |   | 1 | 5 | 5 | 4 | 7 |  |  |
| 6. ORGANIZING                               |               | 2 | 4 | 1 | 2 | 3 | 7 |  |  |
| 7. Total from additional pages (if any)     |               | 3 | 0 | 7 | 2 | 0 | 1 |  |  |
| 8. Total of Lines 1 through 7               |               | 8 | 2 | 1 | 0 | 8 | 8 |  |  |
| The total from Line 8 is entered in Item 60 |               |   |   |   |   |   |   |  |  |

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#### SCHEDULE 14 -**OTHER RECEIPTS**

### Amount Description (A) (B) 1 DEATH BEN. REIMB. FROM INTL. 1 2 0 0 2 STAFF UNION DUES WITHHELD 5 3 VENDING COMMISSIONS 1 2 1 1 **4 DONATIONS RECEIVED FOR STRIKE** 2 1 2 8 0 5. 6. 7. 8. 9. 10. 11 13. 14. 15. 16. Total from additional pages (if any) 2 8 8 4 7 17. Total of Lines 1 through 16 The total from Line 17 is entered in ...... Item 54

#### SCHEDULE 15 -OTHER DISBURSEMENTS

|   |      |   | t               |       |                         |
|---|------|---|-----------------|-------|-------------------------|
|   |      | 4 | 2               | 8     | 1                       |
|   | 5    | 4 | 4               | 7     | 1                       |
|   |      |   | ••              |       |                         |
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|   |      |   |                 |       |                         |
|   | 5    | 8 | 7               | 5     | 2                       |
|   |      | 5 | (B)<br>4<br>5 4 | 5 4 4 | (B)<br>4 2 8<br>5 4 4 7 |

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ORGANIZATION NAME:

HOTEL EMPL, RESTAURANT EMPL AFL-CIO

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## SCHEDULE 9 – ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

| ven if         | Gross Salary<br>(before taxes and |  | Disbursements for Official     | Other                                 |                 |
|----------------|-----------------------------------|--|--------------------------------|---------------------------------------|-----------------|
| Status<br>(C)* | other deductions)<br>(D)          | Allowances<br>(E)  | Business<br>(F)                | Disbursements<br>(G)                  | Total<br>(H)    |
|                | 0                                 | 0  | 3 9                            | 0                                     | 3 9             |
| С              |                                   |  |                                |                                       |                 |
|                | 0                                 | 0  | 0                              | 0                                     | Ü               |
| P              |                                   |  |                                |                                       |                 |
|                | 0                                 | 0  | 0                              | 0                                     | 0               |
| P              |                                   |  |                                |                                       |                 |
|                | 0                                 | 3 5 4  | 0                              | 0                                     | 3 5 4           |
| С              |                                   |  |                                |                                       |                 |
|                | 0                                 | 9 2  | U                              | 0                                     | 9 2             |
| С              |                                   |  |                                |                                       |                 |
|                | 0                                 | 8 0  | 1 4 2                          | 0                                     | 2 2 2           |
| С              |                                   |  | {<br>                          |                                       |                 |
|                | 0                                 | 8 0  | 4 3                            | 0                                     | 1 2 3           |
| С              |                                   |  | }                              |                                       |                 |
|                | 0                                 | 0  | 0                              | 0                                     | 0               |
| ₽              |                                   |  |                                |                                       |                 |
|                | (C)* C C C                        | C (before taxes and other deductions) (C)* (D)  C ( | Status (C)* (D) Allowances (E) | C   C   C   C   C   C   C   C   C   C | Status (C)*   C |

ORGANIZATION NAME:

HOTEL EMPL, RESTAURANT EMPL AFL-CIO

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## SCHEDULE 9 - ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

| (A) Name (List all persons who held office during the reporting period evithey received no salary or other disbursements.) | en if          | Gross Salary<br>(before taxes and |                   | Disbursements for Official | Other                |              |
|--|----------------|-----------------------------------|-------------------|----------------------------|----------------------|--------------|
| (B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)  | Status<br>(C)* | other deductions)<br>(D)          | Allowances<br>(E) | Business<br>(F)            | Disbursements<br>(G) | Total<br>(H) |
| VELISSAROPOU NICK  |                | 7 0 5                             | 0                 | 174                        | 0                    | 8 7 9        |
| EXECUTIVE BOARD  | С              |                                   |                   |                            |                      |              |
| CAVITT FILEMAN   |                | 0                                 | 181               | 0                          | 0                    | 1 8 1        |
| TRUSTEE  | C              |                                   |                   |                            |                      |              |
| HORIATIS DINO  | <del>,</del>   | 0                                 | 0                 | 0                          | 0                    | 0            |
| TRUSTEE  | С              |                                   |                   | 1                          |                      |              |
| SHAFER DAVID   |                | 0                                 | 0                 | 0                          | 0                    | 0            |
| TRUSTEE  | С              |                                   |                   |                            |                      | į            |
| ELLIOT JERT  | <del></del> -  | 0                                 | 0                 | Ū                          | U                    | 0            |
| VĪCE PRESID <b>EN</b> T  | N              |                                   |                   |                            |                      |              |
| MARTINEZ JOSE  |                | 0                                 | 1 0 2             | 0                          | 0                    | 1 0 2        |
| VICE PRESIDENT   | N i            | !                                 |                   |                            |                      |              |
| WRIGHT IDELLA  |                | 0 ;                               | 2 4 3             | 0                          | 0                    | 2 4 3        |
| VICE PRESIDENT   | N              | ,                                 |                   |                            |                      |              |
|  | <del></del> -  |                                   |                   |                            | <del></del>          |              |
|  |                | į                                 |                   |                            |                      |              |
|  |                |                                   |                   | <b> </b>                   | <del></del>          |              |

ORGANIZATION NAME:
HOTEL EMPL, RESTAURANT EMPL AFL-CIO

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## SCHEDULE 10 - DISBURSEMENTS TO EMPLOYEES (continued)

| (A) Name (List all employees who received from your organization and any at (B) Position (Enter employee's job title.)  (C) Name of Affiliated Organization | more than \$10,000 in total disbursements<br>filiates.)<br>(if applicable) | Gro<br>(befo<br>other |     | es<br>ictio | and   |   | Allowances<br>(E) | fo | burse<br>or Off<br>Busin<br>(F) | ess | S | Other<br>Disbursements<br>(G) |   | ota<br>(H) | i |   |   |
|---|--|-----------------------|-----|-------------|-------|---|-------------------|----|---------------------------------|-----|---|-------------------------------|---|------------|---|---|---|
| JACKSON<br>ORGANIZER  | JESSICA  |                       | 1 5 | 8           | 3 2 6 | 6 | 0                 |    | •                               | 3 9 | 5 | 0                             | 1 | 6 :        | 2 | 2 | 1 |
| LANDOR ORGANIZER  | GLORIA   |                       | 3 7 | 9           | 7 2   | 2 | 0                 |    | 2                               | 1 7 | 7 | 0                             | 4 | 0          | 1 | 4 | 9 |
| MAGNUSON<br>ORGANIZER   | KETTIE   |                       | 3 0 | 5           | 3 8   | В | 0                 |    | 2 2                             | 2 3 | 2 | 0                             | 3 | 2 7        | 7 | 7 | 0 |
| MANNING OFFICE STAFF  | VERA   |                       | 3 1 | 5           | . 4 s | 9 | 0                 |    |                                 |     | 0 | 0                             | 3 | 1 3        | 5 | 4 | 9 |
| MCCORMICK<br>OFFICE STAFF   | BRIAN  |                       | 3 1 | 9           | 2 (   | 2 | 0                 |    |                                 |     | 0 | 0                             | 3 | 1 9        | 3 | 2 | 0 |

ORGANIZATION NAME:

HOTEL EMPL, RESTAURANT EMPL AFL-CIO

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## SCHEDULE 10 - DISBURSEMENTS TO EMPLOYEES (continued)

| (A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)      (B) Position (Enter employee's job title.) |                   | Gross Salary<br>(before taxes and<br>other deductions) |                   | Disbursements<br>for Official<br>Business | Other                |              |
|---|-------------------|--|-------------------|---|----------------------|--------------|
| (C) Name of Affiliated Organization   | η (if applicable) | (D)  | Allowances<br>(E) | (F)                                       | Disbursements<br>(G) | Total<br>(H) |
| MCDONALD OFFICE STAFF   | JUDITH            | 53845  | 0                 | 0   | 0                    | 53845        |
| MCPARTLIN OFFICE STAFF  | GERALDINE         | 17844  | 0                 | 2668                                      | 0                    | 20512        |
| MILLER<br>ORGANIZER   | DANIEL            | 3 3 1 4 0  | 0                 | 2072                                      | 0                    | 3 5 2 1 2    |
| O'GARA<br>ORGANIZER   | JOHN              | 46822  | 0                 | 10823                                     | 0                    | 57645        |
| PAJAZETOVIC<br>OFFICE STAFF   | MIRZETA           | 30534  | 0                 | 0   | 0                    | 3 0 5 3 4    |
|   |                   |  |                   |   |                      |              |

FILE NUMBER: 5 1 4 - 6 4 4

|          |           | _   |            |         |        |       |          |
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| ORGANIZA | ATION NAM | 1E  |            |         |        |       |          |
|          |           | 16. |            |         |        |       |          |
|          |           |     | T" A F I D | A A 17" |        | A [ i | $\sim$ 1 |
| HUIEL    | EMPL.     | KES | LAUK       | AIV L   | EIVIPL | AFL   | -UI      |

ENDING DATE OF PERIOD COVERED: 12/31/2002

## SCHEDULE 10 - DISBURSEMENTS TO EMPLOYEES (continued)

| (A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)  (B) Position (Enter employee's job title.)  (C) Name of Affiliated Organization (if applicable) |        | fs Gross Salary (before taxes and other deductions) (D) | Allowances<br>(E) | Disbursements<br>for Official<br>Business<br>(F) | Other<br>Disbursements<br>(G) | Total<br>(H) |
|--|--------|---|-------------------|--|-------------------------------|--------------|
| STINSON<br>OFFICE STAFF  | DIANE  | 37058   | 0                 | 570  | 0                             | 37628        |
| VESTAL<br>ORGANIZER  | CHANEL | 15153   | 0                 | 1642   | 0                             | 16795        |
|  |        |   |                   |  |                               |              |
|  |        |   |                   |  |                               |              |
|  |        |   |                   |  |                               |              |
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| ORGANIZATION NAME:                  | ] |
| HOTEL EMPL, RESTAURANT EMPL AFL-CIO |   |
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| 12/31/2002                          |   |

# SCHEDULE 11 – BENEFITS (continued)

| Description (A) | To Whom Paid<br>(B) | Amount<br>(C) |
|-----------------|---------------------|---------------|
| INSURANCE       | INSURANCE CARRIER   | 3 2 0 8 0     |
|                 |                     |               |
|                 |                     |               |
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ORGANIZATION NAME:

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## SCHEDULE 13 – OFFICE & ADMINISTRATIVE EXPENSE (continued)

FILE NUMBER: 5 1 4 - 6 4 4

|      | 3)               |   |   |   |
|------|------------------|---|---|---|
| 3    | 0                | 3   | 5   | 5   |
|      | 5                | 1   | 8   | 6   |
| 5    | 8                | 2   | 4   | 8   |
|      | 7                | 2   | 7_  | 9   |
| 6    | 0                | 0   | 5   | 0   |
|      | 6                | 4   | 3   | 2   |
| 3    | 3                | 5   | 6   | 2   |
| 6    | 5                | 9   | 0   | 4   |
|      | 8                | 6   | 0   | 3   |
|      | 5                | 8   | 7   | 8   |
| 2    | 0                | 4   | 9   | 2   |
|      | 2                | 4   | 0   | Û   |
|      | 2                | 8   | 5   | 1   |
|      |                  | 2   | 6   | 1   |
|      |                  |   |   |   |
|      |                  |   |   |   |
| ···· |                  |   |   |   |
|      |                  |   |   |   |
|      | 5<br>6<br>3<br>6 | 5<br>5 8<br>7<br>6 0<br>6<br>3 3<br>6 5<br>8<br>5<br>2 0<br>2 | 5 1 5 8 2 7 2 6 0 0 6 4 3 3 5 6 5 9 8 6 5 8 2 0 1 2 1 2 8 | 5 1 8 5 8 2 4 7 2 7 6 0 0 5 6 4 3 3 3 5 6 6 5 9 0 8 6 0 5 8 7 2 0 1 9 2 1 0 2 8 5 |

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| DRGANIZATION NAME:                    |  |
| HOTEL EMPL, RESTAURANT EMPL AFL-CIO   |  |
| NDING DATE OF PERIOD COVERED:         |  |
| 12/31/2002                            |  |

## 75. ADDITIONAL INFORMATION

| tem Number<br>14 | BANSLEY AND KIENER, L.L.P. PERFORMED AN AUDIT FOR THE YEAR ENDED DECEMBER 31, 2002. |
|------------------|---|
| 14               | BANSLEY AND RIENER, L.L.P. PERFORMED AN AUDIT FOR THE YEAR ENDED DECEMBER 31, 2002. |
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| OR        | GANIZATION NAME:                   |
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| ΞN        | DING DATE OF PERIOD COVERED:       |
| 12        | /31/2002                           |

## 75. ADDITIONAL INFORMATION (continued)

| em Number |  |
|-----------|--|
| 57        | THE LOCAL HAD A LEASED VEHICLE FROM JANUARY 1, 2002 THROUGH OCTOBER 15, 2002 FOR WHICH 50% OR MORE OF THE USE WAS FOR OFFICIAL BUSINESS. THE VEHICLE WAS ALSO USED PART OF THE TIME FOR PERSONAL BUSINESS. DISBURSEMENTS RELATIVE TO THE LEASED VEHICLE WAS REPORTED IN COLUMN F ON SCHEDULE 10. |
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| OF | RGANIZATION NAME:                  |
| Н  | OTEL EMPL, RESTAURANT EMPL AFL-CIO |
| ΕN | IDING DATE OF PERIOD COVERED:      |
| 12 | 2/31/2002                          |

## 75. ADDITIONAL INFORMATION (continued)

| m Number |  |
|----------|--|
| 30       | SCHEDULE 5 - THE UNION USES VARIOUS OFFICE FURNITURE, (ORIGINAL COST OF \$94,141) AND COMPUTER EQUIPMENT (ORIGINAL COST OF \$73,494) THAT HAS BEEN FULLY DEPRECIATED. THE FAIR MARKET VALUE IS NOT DETERMINED, BUT MANAGEMENT BELIEVES THAT THE FAIR MARKET VALUE WOULD BE INSIGNIFICANT. AS A RESULT, FAIR MARKET VALUE HAS |
|          | BEEN REPORTED AS \$ 0.   |
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| ORGANIZATION NAME:                  | $\Box$ |
| HOTEL EMPL, RESTAURANT EMPL AFL-CIO |        |
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| 12/31/2002                          |        |

## 75. ADDITIONAL INFORMATION (continued)

| Item Number     |   |
|-----------------|---|
| 24              | THE UNION IS INVOLVED IN AN EMPLOYMENT DISCRIMINATION SUIT BROUGHT BY A FORMER EMPLOYEE. THE UNION HAS PENDING A FULLY BRIEFED MOTION TO DISMISS. THE CASE IS IN THE PRE-TRIAL DISCOVERY PHASE. THE UNION IS DEFENDING THE SUIT VIGOROUSLY. |
|                 | DEFENDING THE SULT VIGOROUSET.  |
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